

Alcohol and Controlled Substance Employee's Certified Receipt

Employee's Name

Company/Department

This is to certify that I have been provided educational materials that explain the requirements of §382.601 and my employer's policies and procedures with respect to meeting the requirements. The materials include detailed discussion of the following checked (✓) items:

- _____ 1. The designated person to answer questions about the materials.
- _____ 2. The categories of drivers subject to Part 382.
- _____ 3. Sufficient information about the safety-sensitive functions and periods of the workday that compliance is required.
- _____ 4. Specific information concerning prohibited driver conduct.
- _____ 5. Circumstances under which a driver will be tested.
- _____ 6. Test procedures, driver protection and integrity of the testing process, and safeguarding the validity of the test.
- _____ 7. The requirement that tests are administered in accordance with Part 382.
- _____ 8. An explanation of what will be considered a refusal to submit to a test and the consequences.
- _____ 9. The consequences of Part 382 Subpart B violations including removal from safety-sensitive functions and §382.605 procedures.
- _____ 10. The consequences for drivers found to have an alcohol concentration of 0.02 or greater but less than 0.04.
- _____ 11. Information on the affect of alcohol and controlled substances use on:
 - an individual's health
 - signs and symptoms of a problem
 - work
 - personal life
 - available methods of intervening when a problem is suspected
- _____ 12. Optional information:

Employee's Signature

Date

Authorized Employer Representative

Date

EMPLOYER; RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE